

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010941

1. Entity Name
TINN TINN LIMITED, LLC

FILED

01 JAN 29 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
% CARLTON, FIELDS, WARD, ET AL.
100 S.E. SECOND ST. #4000 INTL PLACE
MIAMI FL 33131-9101

Mailing Address
% CARLTON, FIELDS, WARD, ET AL.
100 S.E. SECOND ST. #4000 INTL PLACE
MIAMI FL 33131-9101

2. Principal Place of Business
5785 PINE TREE DRIVE
Suite, Apt. #, etc.

3. Mailing Address
5785 PINE TREE DRIVE
Suite, Apt. #, etc.

City & State
MIAMI BEACH, FL.

City & State
MIAMI BEACH, FL.

Zip
33140

Country
U.S.A.

Zip
33140

Country
U.S.A.

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CARLTON, FIELDS, WARD, ET AL.
ATTN: JAY A. STEINMAN
100 S.E. SECOND STREET
MIAMI FL 33131-9101

7. Name and Address of New Registered Agent

Name
GARY BROWN,

Street Address (P.O. Box Number is Not Acceptable)
PHILLIPS EISINGER KOSS, ROTHSTEIN AND ROSENFELD, P.A.
PRESIDENTIAL CIRCLE, 4000 HOLLYWOOD BLVD SUITE 265 SOUTH
City
HOLLYWOOD, FL Zip Code
33021

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

1/21/01
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CO PRESIDENT
ADRIAN GREEN
5785 PINE TREE DRIVE
MIAMI BEACH FL 33140 USA

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CO PRESIDENT
MICHELLE GREEN
5785 PINE TREE DRIVE
MIAMI BEACH FL 33140 USA

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400003623594-9
-02/01/01--01114--018
*****50.00 *****50.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

JAN 25 2001 305 865 2726

Date

Daytime Phone #

CR2E083 (11/00)